

New Owner

RECEIVED  
WMD RECORD CENTER

FEB 5 1997

0430275037

Form Approved OMB No. 2050-0028 Expires 10-31-97

GSA No. 0416-EP-07

Date Received  
(For Official Use Only)  
DEC 23 1996

J. S. EPA, REGION V

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

## EPA Notification of Regulated Waste Activity

United States Environmental Protection Agency

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒

B. Subsequent Notification

(complete item C)

C. Installation's EPA ID Number

IURC000005447

II. Name of Installation (include company and specific site name)

GREAT LAKES Kwik SPACE

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

1033 S FRONTAGE ST

Street (continued)

City or Town

DARIEN

State

ZIP Code

IL 60561-

County Code

County Name

0430 DUPIGIE

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

1033 S FRONTAGE ST

City or Town

DARIEN

State

ZIP Code

IL 60561-

V. Installation Contact (Person to be contacted regarding waste at site)

Name (last)

(first)

SHEEHY

BRYANT

Job Title

Phone Number (area code and number)

SALES MANAGER

630-655-1600

VI. Installation Contact Address (See Instructions)

A. Contact Address Location

B. Street or P.O. Box

☐☐

1033 S FRONTAGE ST

City or Town

DARIEN

State

ZIP Code

IL 60561-

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

SUMMIT ILLINOIS TRAILERS INC

Street or P.O. Box

261246 CARMELO STREET

City or Town

CARMEL

State

ZIP Code

CA 913923-

Phone Number (area code and number)

408-1625-2871

B. Land Type

C. Owner Type

D. Change of Ownership (Date Change)

Indicator

Month Day Year

Yes

No

X

RCRIS ENTRY JAN 06 1997

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DEC 16 1996



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VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

## A. Hazardous Waste Activity

## B. Used Oil Fuel Activities

## 1. Generator (See instructions)

## 3. Transfer, Sorting, Disposal at Installation

Note: A permit is required for this activity; see instructions

☐ a. Greater than 1000 kg/mo (2250 lbs.)☒ b. 100 to 1000 kg/mo (225-2250 lbs.)☐ c. Less than 100 kg/mo (225 lbs.)

## 4. Hazardous Waste Fuel

☐ a. Generator, Marking or Burner☐ b. Other Marketers☐ c. Burners - Incinerative device(s) - Type of Combustion Device☐ 1. Utility Boiler☐ 2. Industrial Boiler☐ 3. Industrial Furnace

## 2. Transporter (Indicate Mode in boxes 1-5 below)

☐ a. For own waste only☐ b. For commercial purposes

## Mode of Transportation

☐ 1. Air☐ 2. Rail☐ 3. Highway☐ 4. Water☐ 5. Other - specify

## 5. Underground Injection Control

## 1. Off-Specification Used Oil Fuel

☐ a. Generator, Marking or Burner☐ b. Other Marketers☐ c. Burners - Incinerative device(s) - Type of Combustion Device☐ 1. Utility Boiler☐ 2. Industrial Boiler☐ 3. Industrial Furnace☐ 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims to Meet the Specification

## IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable 2. Corrosive 3. Reactive 4. EP Toxic

(D001)

(D002)

(D003)

(D004)

List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s)

☒☐☐☐☐☐☐☐☐☐☐☐☐☐

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

## X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Name and Official Title (type or print)

Date Signed

Bryant Sheehy

Bryant Sheehy, Sales Mgr

12/11/96

Comments

ILR000005447 &amp; 0436075037 please change name to Great Lakes KWIK SPACE



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 5

77 WEST JACKSON BOULEVARD  
CHICAGO, IL 60604-3590

JAN 07 1987

REPLY TO THE ATTENTION OF

Dear Notifier:

Enclosed you will find the United States Environmental Protection Agency (U.S. EPA) Identification (ID) number that has been assigned to your installation. You will find your twelve character ID number on the top portion of the enclosed notification form. This ID number acknowledges that you have filed a Notification of Regulated Waste Activity for the installation referenced on the notification form to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). This ID number must be included on all shipping manifest(s) for transporting hazardous wastes; on all correspondence; and on all reports required under Subtitle C of RCRA by the U.S. EPA and State agencies.

Please carefully review your status to determine whether the box you have checked is correct for your installation. If you checked Box 1A "Generator" you are a large generator producing over 1000 kg/mo (2200 lbs). Large generators are subject to all applicable regulations under Subtitle C of RCRA including the Annual/Biennial Report. If you determine Box 1A was checked in error, you can change your status to either a Small Quantity Generator (100-1000 kg/mo) or a Conditionally Exempt Generator (less than 100 kg/mo) by notifying the U.S. EPA in writing at the address at the top of this letter. Please indicate which generator category is correct for your installation.

Please note the U.S. EPA number is site-specific. If your installation changes locations, a new notification is required for a new ID number. If your installation has changed ownership, a subsequent notification must be filed to allow the new owner to use the ID number.

If the purpose of your notification is a one-time disposal for a clean-up, PCB removal, underground storage tank removal, etc., please notify U.S. EPA in writing upon completion of the project. U.S. EPA will deactivate the ID number at that time. Any other notification changes not mentioned can be sent to U.S. EPA by letter.

If you have any further questions regarding hazardous waste activity, please contact the Region V Notification Hotline at (312) 886-4001.

Sincerely,

A handwritten signature in cursive script that reads "Sharon J. Kiddon".

Sharon J. Kiddon  
Environmental Protection Specialist





Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



## Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

MAY 30 1995

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification

B. Subsequent Notification  
(Complete item C)

C. Installation's EPA ID Number

IL R000005447

## II. Name of Installation (Include company and specific site name)

CHICAGO KENWORTH INC.

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

1033 S FRONTAGE ROAD

Street (Continued)

City or Town

DARIEN

State

Zip Code

IL 60561-

County Code

County Name

043 DUPAGE

## IV. Installation Mailing Address (See instructions)

Street or P.O. Box

2200 W 159TH ST

City or Town

MARKHAM

State

Zip Code

IL 60426-

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

RAFFERTY

GEORGE

Job Title

PRES

Phone Number (Area Code and Number)

708-333-8700

## VI. Installation Contact Address (See instructions)

A. Contact Address  
Location Mailing Other

B. Street or P.O. Box

1033 S FRONTAGE ROAD

City or Town

DARIEN

State

Zip Code

IL 60561-

## VII. Ownership (See instructions)

## A. Name of Installation's Legal Owner

CHICAGO KENWORTH INC

Street, P.O. Box, or Route Number

2200 W 159TH ST

City or Town

MARKHAM

State

Zip Code

IL 60426-

Phone Number (Area Code and Number)

708-333-8700

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)  
Month Day Year

Yes No

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MAY 26 1995



## ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

## A. Hazardous Waste Activity

1. Generator (See Instruction 3)
- ☐ a. Greater than 1000kg/m (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (200 - 200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☒ a. For own waste only
- ☐ b. For commercial purposes

## Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☒ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see Instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter/Referral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

## B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Process
- ☐ b. Re-refine

## IX. Description of Hazardous Wastes (Use additional sheets if necessary)

## A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐
2. Corrosive (D002) ☐
3. Reactive (D003) ☐
4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

1 D001	2	3	4	5	6
7	8	9	10	11	12

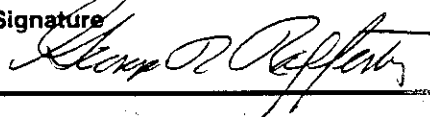
## C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

1	2	3	4	5	6
---	---	---	---	---	---

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature



Name and Official Title (Type or print)

GEORGE R. RAFFERTY

Date Signed

5/23/95

## XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

MAY 30 1995

U.S. EPA REGION IV

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification

B. Subsequent Notification  
(Complete Item C)

ILR 000 005 447

## II. Name of Installation (Include company and specific site name)

CHICAGO KENWORTH INC -

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

1033 S FRONTAGE ROAD

Street (Continued)

DARIEN

City or Town

State

Zip Code

DARIEN

IL

60561-

County Code

County Name

043

DUPAGE

## IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

2200 W 159TH ST

City or Town

State

Zip Code

MARKHAM

IL

60426-

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

RAFFERTY

GEORGE

Job Title

Phone Number (Area Code and Number)

PRES

708-333-8700

## VI. Installation Contact Address (See Instructions)

A. Contract Address  
Location Mailing Other

B. Street or P.O. Box

1033 S FRONTAGE ROAD

City or Town

State

Zip Code

DARIEN

IL

60561-

## VII. Ownership (See Instructions)

## A. Name of Installation's Legal Owner

CHICAGO KENWORTH INC

Street, P.O. Box, or Route Number

2200 W 159TH ST

City or Town

State

Zip Code

MARKHAM

IL

60426-

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)  
Month Day Year

708-333-8700

Yes No

Month Day Year

RECEIVED

MAY 26 1995

EPA/DO



ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

## A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/m (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (200 - 200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☒ a. For own waste only
- ☐ b. For commercial purposes

## Mode of Transportation

- ☐ 1. Air
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- ☒ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter Refractor
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
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- ☐ 3. Industrial Furnace
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## B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Process
- ☐ b. Re-refine

## IX. Description of Hazardous Wastes (Use additional sheets if necessary)

## A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)

☐

2. Corrosive (D002)

☐

3. Reactive (D003)

☐

4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

☐☐☐☐☐

## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1
D001
7

2
8

3
9

4
10

5
11

6
12

## C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1

2

3

4

5

6

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (Type or print)

GEORGE R. RAFFERTY

Date Signed

5/23/95

## XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)





UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY  
REGION 5  
RCRA ACTIVITIES  
P.O. BOX 43647  
CHICAGO, ILLINOIS 60686

Dear Notifier:

Enclosed you will find the United States Environmental Protection Agency (U.S. EPA) Identification (ID) number that has been assigned to your installation. You will find your twelve character ID number on the top portion of the enclosed notification form. This ID number acknowledges that you have filed a Notification of Regulated Waste Activity for the installation referenced on the notification form to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). This ID number must be included on all shipping manifest(s) for transporting hazardous wastes; on all correspondence; and on all reports required under Subtitle C of RCRA by the U.S. EPA and State agencies.

Please carefully review your status to determine whether the box you have checked is correct for your installation. If you checked Box 1A "Generator" you are a large generator producing over 1000 kg/mo (2200 lbs). Large generators are subject to all applicable regulations under Subtitle C of RCRA including the Annual/Biennial Report. If you determine Box 1A was checked in error, you can change your status to either a Small Quantity Generator (100-1000 kg/mo) or a Conditionally Exempt Generator (less than 100 kg/mo) by notifying the U.S. EPA in writing at the address at the top of this letter. Please indicate which generator category is correct for your installation.

Please note the U.S. EPA number is site-specific. If your installation changes locations, a new notification is required for a new ID number. If your installation has changed ownership, a subsequent notification must be filed to allow the new owner to use the ID number.

If the purpose of your notification is a one-time disposal for a clean-up, PCB removal, underground storage tank removal, etc., please notify U.S. EPA in writing upon completion of the project. U.S. EPA will deactivate the ID number at that time. Any other notification changes not mentioned can be sent to U.S. EPA by letter.

If you have any further questions regarding hazardous waste activity, please contact the Region V Notification Hotline at (312) 886-4001.

Sincerely,

Sharon J. Kiddon  
RCRA Notifications Coordinator  
Waste Management Division

